

## SESSION 2

TABLE DISCUSSION ON  
**LEVERS FOR CHANGE TO PREPARE THE  
FUTURE HEALTHCARE WORKFORCE**  
TO PROVIDE OPTIMAL BEHAVIORAL  
HEALTHCARE FOR CHILDREN, YOUTH, AND  
FAMILIES

**TABLE 1:** Improving training to focus on ***optimal behavioral health promotion/risk prevention by implementing multigenerational surveillance***

## **1. Important to achieve**

- **Competencies around family histories and identifying risks**
- **Early trainees in self-identifying as “team members”**

## **2. Barriers and challenges to overcome**

- **Lack of models**
- **Competition among trainees; funding**

## **3. Opportunities (e.g., models, solutions, etc.)**

- **Simulation; OSCE’s; EHRs reshaped**
- **Interprofessional training**
- **Funding**

**TABLE 2:** Incorporating exposure to **evidence-based practices into content and assessment** of training programs

## 1. Important to achieve

- Put standards in licensing & accreditation around prev
- Reduction in unnecessary medical services, reduce costs
- Disseminate successes, progress, & failures

## 2. Barriers and challenges to overcome

- Financing & structure of healthcare
- What can be dropped from cramped curricula?

## 3. Opportunities (e.g., models, solutions, etc.)

- Investments in undergrad programs & existing workforce
- Social work shows us that curricula does exist

**TABLE 3:** Fostering a future *integrated, interprofessional care through multiple mechanisms* (co-location/integration, co-management, efficient and effective handoffs)

## 1. Important to achieve

- Use info from other sources
- Payment reimbursement

## 2. Barriers and challenges to overcome

- Disconnect between educational services & community
- One size doesn't fit all

## 3. Opportunities (e.g., models, solutions, etc.)

- Model: “we are one body,” patient/family partnership
- Telebehavior model
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**Table 4:** Improving training on the **behavioral health needs of children with disabilities and chronic medical conditions** and their families

## 1. Important to achieve

- Complete inclusion of ALL children and families with chronic or complex illness and/or disability – reduce stigma, increase inclusion
- Seize promotion and prevention opportunities in all socioecological layers to enhance society's PROSPERITY

## 1. Barriers and challenges to overcome

- \* Expanded content for training, stigma of bh and silos pose barriers,
- \* Need to expand from de-limited “patient-centered” care and training to comprehensive “family-centered care and training

## 1. Opportunities (e.g., models, solutions, etc.)

- Transdisciplinary & interprofessional training can reduce stigma and enhance promotion/prevention outcomes
- Need to support front-line providers regarding bh issues in these disability and chronic/complex condition populations (all levels - core skills and competencies, exposure to “lived experience”, learning collaboratives, etc)

**Table 5: *Engaging patients and parents in co-promotion of behavioral health to improve care*** in the patient encounter as well as systematically in setting standards and developing content for training programs

### **1. Important to achieve**

- **Leads to better outcomes, powerful experiences**
- **Parents as experts and implementers**

### **2. Barriers and challenges to overcome**

- **Competing knowledge, stigma**
- **Lack of mentorship and funding; silos**

### **3. Opportunities (e.g., models, solutions, etc.)**

- **Parent involvement in training**
- **Incentive for parent participation**

**Table 6:** Using the *power of program accreditation, professional certification, and credentialing to improve training* regarding behavioral health across professions

## 1. Important to achieve

- Agility and responsiveness to changing needs
- Increase interdisciplinary training

## 2. Barriers and challenges to overcome

- Siloed environments with varying resources
- Limited funding

## 3. Opportunities (e.g., models, solutions, etc.)

- Models of value-based care
- Explore existing funding

**Table 7:** Enhancing training for healthcare professionals *to improve the behavioral health of children, youth, and families involved in other child-serving systems* (e.g., schools, prisons, group homes, residential facilities, child welfare)

## 1. Important to achieve

- Population prevention health
- Continuity of care

## 2. Barriers and challenges to overcome

- Training specialists/team training
- Lack of data sharing

## 3. Opportunities (e.g., models, solutions, etc.)

- Cross-disciplinary training/team training
- Coordinated care

**Table 8:** Examining how *current reimbursement for training and clinical care limits a focus on the behavioral health* of children, youth, and families and identifying possible solutions

### 1. Important to achieve

- Tie training/education money to QI & outcomes based on community needs
- Equity btwn behavioral and medical training for team-based care

### 2. Barriers and challenges to overcome

- FFS requires volume and service specialization
- Medical systems at the trough are effective and speak with unified voice

### 3. Opportunities (e.g., models, solutions, etc.)

- Advance alt. value payment models
- Employ ROI studies/national survey/proof-of-concept sites